

**HARRIS COUNTY
HOSPITAL DISTRICT**



**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.05
Page Number: 1 of 4

Effective Date: 08/01/02
Revised: 08/26/05
Approved By:

TITLE: DURATION OF FINANCIAL ASSISTANCE CLASSIFICATIONS

PURPOSE: To define the time periods for which financial assistance may be granted.

POLICY STATEMENT:

HCHD recognizes that the likelihood of a change in items that affect a client's need for financial assistance (e.g., income, residency) varies based on the individual's situation. Therefore, HCHD has developed guidelines for review of the financial assistance classification that recognizes these needs.

POLICY ELABORATION:

I. TIMEFRAMES FOR ASSIGNMENT OF FINANCIAL ASSISTANCE CLASSIFICATIONS

A. Two Months:

1. Clients pending approval for the Children's Health Insurance Program (CHIP) or for the Children's Special Health Care Needs (CSHCN) program
2. Clients with a pending application for Medicaid

**HARRIS COUNTY
HOSPITAL DISTRICT**



**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.05
Page Number: 2 of 4

Effective Date: 08/01/02
Revised: 08/26/05
Approved By:

3. Newborns
 4. Clients qualified for the Title V grant
- B. Three Months:
1. Clients missing one proof of residency (requires management approval)
 2. Minors who have been declared wards of the court
- C. Six months:
1. Unemployed persons
 2. Separated or abandoned persons, when the separation occurred less than one year prior
 3. Disabled clients where the length of disability is unspecified
 4. Clients receiving Harris County welfare
 5. Clients with a pending SSI application (may be renewed for an additional six months based on responses to a questionnaire). Refer to Eligibility Policy 6.01, "Applying for Third Party Resources."
 6. Clients covered by the Homeless grants

**HARRIS COUNTY
HOSPITAL DISTRICT**



**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.05
Page Number: 3 of 4

Effective Date: 08/01/02
Revised: 08/26/05
Approved By:

D. One Year:

1. Clients with commercial insurance
2. Clients certified for CSHCN
3. All other unfunded clients not mentioned elsewhere
4. Clients covered by Ryan White and Tuberculosis grants

E. Two Years:

1. Clients with Medicare
2. Medicare/Medicaid crossover clients

F. Special Circumstances

1. Clients deemed by their physician to be temporarily disabled should be given expiration dates based on the physician's estimated duration of disability, not to exceed six months.
2. Clients who appear to be potentially eligible for Medicare, and will be turning 65 on their next birth date, will be granted financial assistance until the last day of the month prior to their actual birth date.

**HARRIS COUNTY
HOSPITAL DISTRICT**



**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.05
Page Number: 4 of 4

Effective Date: 08/01/02
Revised: 08/26/05
Approved By:

3. Clients who reside in recognized agencies. Expiration date is based on the estimated duration of enrollment in the agency program.
 4. Pregnant women will be granted financial assistance until sixty days after their expected delivery date.
- G. Financial classification durations may be changed as specific situations warrant with approval from a designated Patient Eligibility Services management representative.

REFERENCES / BIBLIOGRAPHY:

Eligibility Policy 6.01. "Applying for Third Party Resources"

**OFFICE OF PRIMARY RESPONSIBILITY: Patient Eligibility Services
Administration**